

The Department of Vermont Health Access Medical Policy

Subject: Pulmonary Rehabilitation

Last Review: April 25, 2016

Revision 3:

Revision 2: February 20, 2015

Revision 1: October 14, 2013

Original Effective: October 10, 2012

Description of Service or Procedure

According to Center for Medicare and Medicaid Services: A Pulmonary Rehabilitation “is individually tailored and designed to optimize physical and social performance and autonomy. The program must provide an evidence-based, multidisciplinary, and comprehensive intervention for patients with chronic respiratory impairments.”

This comprehensive intervention includes exercise training, education, psychosocial/behavioral intervention, nutritional therapy, outcome assessment and promotion of long-term adherence to the rehabilitation recommendations. Elements of comprehensive pulmonary rehabilitation, including promoting a healthy lifestyle, stressing adherence to therapy and encouraging physical activity, should be incorporated into the care of all patients with chronic respiratory impairment.

The 3 primary objectives of pulmonary rehabilitation services are:

- to control, reduce, and alleviate the symptoms and pathophysiologic complications of chronic pulmonary disease; and
- to train the beneficiary how to reach the highest possible level of independent functioning for his or her activities of daily living within the limitations of the pulmonary disease; and
- to train the beneficiary to self-manage his or her daily living consistent with the pulmonary disease process to obtain the highest possible level of independent function.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary’s aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.



Medicaid Rule

7102.2 Prior Authorization Determination

7103 Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

Coverage Position

Pulmonary Rehabilitation may be covered for beneficiaries:

- When Pulmonary Rehabilitation is prescribed by a licensed medical provider enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act, who is knowledgeable in the use of Pulmonary Rehabilitation and who provides medical care to the beneficiary AND
- When the clinical guidelines below are met.

Coverage Guidelines

Pulmonary Rehabilitation may be appropriate when:

- Diagnoses include one of the following:
 - COPD diagnosis by spirometry. For symptomatic beneficiaries with Moderate to Very Severe COPD.
 - Moderate to Very Severe as defined by Global Initiative for Chronic Obstructive Lung Disease (GOLD) classification II, III, and IV.

Stage I	Mild COPD	FEV ₁ /FVC<0.70	FEV ₁ ≥ 80% normal
Stage II	Moderate COPD	FEV ₁ /FVC<0.70	FEV ₁ 50-79% normal
Stage III	Severe COPD	FEV ₁ /FVC<0.70	FEV ₁ 30-49% normal
Stage IV	Very Severe COPD	FEV ₁ /FVC<0.70	FEV ₁ <30% normal, or <50% normal with chronic respiratory failure present*

- Alpha-1 antitrypsin deficiency
- Ankylosing spondylitis
- Asbestosis
- Bronchopulmonary dysplasia
- Chronic airflow obstruction
- Chronic bronchitis
- Cystic fibrosis
- Emphysema
- Fibrosing alveolitis
- Guillain-Barre's syndrome or other infective polyneuritis
- Idiopathic pulmonary fibrosis
- Muscular dystrophy
- Myasthenia gravis
- Other respiratory conditions will be considered on a case by case basis
- Paralysis of diaphragm
- Person receiving a lung transplant

- Pneumoconiosis
- Pulmonary hemosiderosis
- Radiation pneumonitis
- Sarcoidosis
- Scoliosis

And

- Beneficiary does not have a recent history of smoking or has quit smoking for at least 3 months or is presently actively participating in a smoking cessation program. Studies show that patients who currently smoke may benefit from pulmonary rehabilitation.
- Beneficiaries with COPD should be referred for pulmonary rehabilitation regardless of their smoking status.
- Beneficiaries referred to pulmonary rehabilitation should have their smoking status assessed and referrals to smoking cessation services offered to smokers simultaneously.
- Pulmonary rehabilitation provides opportunities to offer smoking cessation advice.

Pulmonary Rehabilitation program components must include ALL of the following:

- Physician-prescribed exercise (aerobic exercise must be included in each session); AND
- Education or training (tailored to the beneficiary's need); AND
- Psychosocial assessment (written evaluation of the beneficiary's mental and emotional functioning as it relates to the beneficiary's rehabilitation or respiratory condition); AND
- Outcome assessment (beginning and the end evaluations based on patient-centered outcomes and objective clinical measures of the effectiveness of the PR program for the beneficiary); AND
- An individualized treatment plan (plan must be established, reviewed, and signed by a physician every 30 days).

Pulmonary Rehabilitation Treatment plan must include all of the following:

- Diagnosis; AND
- Type, amount, frequency and duration of items and services furnished under the plan.

Goals set for the beneficiary under the plan.

- As part of regular assessment, patient satisfaction and feedback should be sought.

Pulmonary Rehabilitation Settings can include either:

- A physician's office; OR
- Hospital outpatient.

Note: If Pulmonary Rehabilitation is offered in an office setting, supervision is to be provided by a doctor of medicine or osteopathy. All settings must have a physician immediately available and accessible for consultations and emergencies at all times while the services are being provided. The setting must include the following: cardio-pulmonary, emergency, diagnostic, and therapeutic life-saving equipment accepted by the medical community as medically necessary to treat respiratory disease.

Pulmonary Rehabilitation sessions are limited to the following:

Medicaid will pay for up to two (2) one-hour sessions per day, for up to 36 lifetime sessions.

Clinical guidelines for repeat service or procedure

- Additional sessions may be approved with medical justification from provider if above criteria is met. No services beyond 72 sessions will be approved by DVHA.

Type of service or procedure covered

Pulmonary Rehabilitation

References

American Thoracic Society. COPD Guidelines for health care professionals. (2014). Retrieved February 6, 2015, from: <http://www.thoracic.org/clinical/copd-guidelines/index.php>

Bolton, C. E., Bevan-Smith, E. F., Blakey, J. D., Crowe, P., Elkin, S., Garrod, R., et. Al. (2013). The British Thoracic Society Pulmonary Rehabilitation. Guideline on pulmonary rehabilitation in adults. *British Journal of Medicine*, 68(Supp 2). Retrieved February 6, 2015, from: <https://www.brit-thoracic.org.uk/document-library/clinical-information/pulmonary-rehabilitation/bts-guideline-for-pulmonary-rehabilitation/>

Coverage Updates for Cardiac and Pulmonary Rehab. (2010). *NHIC, Corp.* Pg 1-34.

Hayes, Inc. Hayes News Service. *Outpatient Versus Home-Based Pulmonary Rehabilitation in Patients with COPD*. Lansdale, PA: Hayes, Inc.; January 5, 2009.

Hayes, Inc. Hayes News Service. *Updated Guidelines for the Diagnosis and Management of COPD*. Lansdale, PA: Hayes, Inc.; August 2, 2011.

January 2014 update of the hospital outpatient prospective payment system (OPPS). (2014). MLN Matters ® Number: MM8572. Effective Date: January 1, 2014. *Center for Medicare & Medicaid Services*. Retrieved February 6, 2015, from: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8572.pdf>

Lacasse, Y., Goldstein, R., Lasserson T.J., Martin, S. Pulmonary Rehabilitation for Chronic Obstructive Pulmonary Disease (Review). In: *The Cochrane Library* 2009, Issue 3. Chichester; Wiley. Updated quarterly.

MLN Matters ® Number: MM6823. (2010). *Center for Medicare & Medicaid Services*. Retrieved October 10, 2013, from: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6823.pdf>

NCD for pulmonary rehabilitation services (240.8), (2008). *Center for Medicare & Medicaid Services*. Retrieved October 10, 2013, from: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=320&ncdver=1&NCAId=199&NcaName=Pulmonary+Rehabilitation&IsPopUp=y&bc=AAAAAAAAAIAAA&>

Nici, L., Donner, C., Wouters, E., Zuwallack, R., Ambrosino, N., Bourbeau, J. et al. (2006). American Thoracic Society/European Respiratory statement on pulmonary rehabilitation. *American Journal of*

Respiratory Critical Care Medicine, 173. Retrieved October 9, 2013, from:
<http://www.atsjournals.org/doi/pdf/10.1164/rccm.200508-1211ST>

Pulmonary Rehabilitation (1999). *American Thoracic Society*. Retrieved October 10, 2013, from:
<https://www.thoracic.org/statements/resources/archive/1666.pdf>

Pulmonary rehabilitation: Is it for you? (2010). *Cleveland Clinic*. Retrieved October 10, 2013, from:
http://my.clevelandclinic.org/disorders/chronic_obstructive_pulmonary_disease_copd/hic_pulmonary_rehabilitation_is_it_for_you.aspx

Pulmonary Rehabilitation (PR) Services. CMS Manual System. Pub 100-02 Medicare Benefit Policy. Transmittal 124. (2010). *Center for Medicare & Medicaid Services*. Retrieved October 10, 2013, from:
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads//R124BP.pdf>

Pulmonary Rehabilitation (PR) Services – JA6823. (2010). *Center for Medicare & Medicaid Services. Provider Inquiry Assistance*.

Pulmonary Rehabilitation Program Services Furnished On or After January 1, 2010. Medicare Claims Processing Manual, Chapter 32 – Billing Requirements for Special Services (Rev. 2380, 01-06-12). *Center for Medicare & Medicaid Services*. Retrieved October 10, 2013, from:
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads//clm104c32.pdf>

Ries, A., Bauldoff, G., Casaburi, R. Mahler, D., Rochester, C., & Herrerias, C. (2007). Pulmonary rehabilitation. Joint ACCP/AACVPR evidence-based clinical practice guidelines. *Chest*, 131(5). *Supplemental*. Retrieved October 9, 2013, from:
<http://journal.publications.chestnet.org/data/Journals/CHEST/24351/zcb1050700001S.pdf>

Sharma, A. (2010). Pulmonary rehabilitation. Medscape Reference. Retrieved October 10, 2013, from:
<http://emedicine.medscape.com/article/319885-overview>

What is pulmonary rehabilitation? National Heart Lung and Blood Institute. Retrieved October 10, 2013, from: <http://www.nhlbi.nih.gov/health/health-topics/topics/pulreh/>

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